## FORM **990-T**

(Date)

## U.S. Treasury Department—Internal Revenue Service EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (Under Section 511 of the Internal Revenue Code)

(Address)

	OR CALENDAR YEAR 1961	Serial No.
or other taxable year beginning	1961, and ending , 19	
	E TYPE OR PRINT CLEARLY	
LEGAL NAME OF ORGANIZATION		
ADDRESS (Number and street)		
City or town, postal zone number, county, State)		
NAME OF TRUST'S FIDUCIARY		
WHILE OF TROOTS TESTINATE		
ADDRESS OF TRUST'S FIDUCIARY		Employer identification number (except employees trust described under sec. 401(a) and exempt under sec. 501(a))
Nature of unrelated trade or business activity	Date of current exemption or determination letter and code section under which you are exempt	
	TAX COMPUTATION	
	BLE AS CORPORATIONS. (See General Instruction A(1))	
1. Combined normal tax and surtax. I	f amount on line 31, page 2, is: reent of line 31, page 2	
	percent of line 31, page 2. Subtract \$5,500. Enter difference	
2. If alternative tax computation is made	de in separate statement, enter such tax here	
2 Tatal in same tany (line 1 on 2 subject	ever is applicable)	· ·
	a foreign country or United States possession allowed a domestic c	
	a toroign coaming of ounced plates possession and was a democrat	
·		
5. Balance of income tax (Enter here a	nd on line 11)	\$
TRUSTS TA	XABLE AT INDIVIDUAL RATES. (See General Instruction	A(2))
6 Tay on line 31 nage 2 (See tay ta	ble, page 4 of the Instructions)	s
7. If alternative tax computation is ma	de in separate statement, enter such tax here	····· \$
8. Total income tax (line 6 or 7, whiche	ver is applicable)	· · · · · · ·   \$
O I am In some toward naid to a foreign	country or United States possession. (Attach Form 1116)	
5. Less: income taxes paid to a foreign	Country of Officer States possession. (And Torn 1779)	
10. Balance of income tax (Enter here a	nd on line 11)	\\$
	TOTAL INCOME TAX	
11. Balance of income tax due (from line	5 or 10, whichever is applicable)	s
	SIGNATURE AND VERIFICATION	
I declare under the penalties of perime and to the best of my knowledge and	ury that this return (including any accompanying schedules and s belief is a true, correct, and complete return.	tatements) has been examined by
CORPORATE SEAL	(Signature of officer)	
I declare under the penalties of perio	iry that I prepared this return for the person named herein; and that	(Title) t this return (including any accom-
panying schedules and statements) is, to	the best of my knowledge and belief, a true, correct, and complete roorted in this return of which I have any knowledge.	eturn based on all the intormation

(Individual or firm signature)

## UNRELATED BUSINESS TAXABLE INCOME COMPUTATION

	e and ruction No. UNRELATED TRADE OR BUSINESS GROSS INCOM	E		
	Gross sales (where inventories			21
	are an income-determining Less: Returns factor)		· .	
•	Less: Cost of goods sold (from Schedule A)			
2.	Gross profit from sales			
J.	Gross receipts (where inventories are not an income-determin-			1
4.	ing factor)			
-	Less: Cost of operations (from Schedule B)		** **	
J.	Gross profit where inventories are not an income-determining factor	, , , , , , , , , , , , , , , , , , ,	-	
b.	(a) Net capital gain from cutting timber. (Attach statement)			
7.	(a) Net capital gain from cutting limber. (Attach statement)  (b) Net ordinary loss from cutting timber. (Attach statement)			1.00
_	Income (or loss) from partnerships. (Attach statement)			
8.	Income (or loss) from partnerships. (Attach statement)			
	Business lease rents (from Schedule C)	in aluaire		
10.	Total unrelated trade or business income on lines 3, and 6 to 9,	inclusive	:	
	DEDUCTIONS			
(Fe	cept contributions, deductions must be directly connected with the unr	elated business)		
	Compensation of officers or trustees (from Schedule D)			
	Salaries and wages (not deducted elsewhere)			
	Rent.		:	
14.	Repairs (Do not include cost of improvements or capital expenditures) . $ \\$			
	Bad debts (from Schedule E)			
16.	Interest (from Schedule F)	,	+	
17.	Taxes (from Schedule G)			
	Contributions or gifts paid (from Schedule H)		··· · · · · · · · · · · · · · · · · ·	
19.	Losses by fire, storm, shipwreck, or other casualty, or theft. (Attach s	chedule)		
20.	Depreciation (from Schedule I)			
	Amortization (Attach schedule)			
22.	Depletion of mines, oil and gas wells, timber, etc. (Attach schedule)			^"-
	Advertising			
24.	Amount contributed under: (a) A pension, profit-sharing, stock bonus,	annuity plan		1.4.4
	(b) Other employee benefit plans			
25.	Other deductions authorized by law (from Schedule J)		_	
26.	Total deductions in lines 11 to 25, inclusive			
27.	Unrelated business taxable income before net operating loss deduction	(line 10 less line 26)		
28.	Less: Net operating loss deduction. (Attach statement)			
	Unrelated business taxable income before specific exemption			
30.	Less: Specific exemption		1,000	00
	Unrelated business taxable income			1
	chedule A.—COST OF GOODS SOLD. (See Instruction 2)	Schedule B.—COST OF OPE		
	(Where inventories are an income-determining factor)	(Where inventories are not an income-	determining factor	or)
1.	Inventory at beginning of year	Salaries and wages		<b>-</b> -
		Other costs (to be detailed):		
	Salaries and wages	(a)		<del>-</del> -
	Other costs per books. (Attach schedule)	(b)		
5.	Total	(c)		<del>-</del> -
6.	Less: Inventory at end of year	(d)		
		(e)		
7.	Cost of goods sold (Enter here and on line 2, page 2)	Total (Enter here and on line 5, page 2	2)	

		Schedule (	C.—BUSIN	ESS	LEASE RE	ents.	(See Ins	struction	9)		· - F	age
	1. Description	of Leased Property	2.	Total Re	ent Received	3. Taxe	s and Other I	Expenses	4. Interes	it .	5. Depreciati (Explain in Sche	on dule I)
********												
						<u> </u>					Ī	
		7 Adjusted Basis of Laured			ation of Sc			Usashla Dadu	tions (Total of	I II No	A Dental Innovation	
i. Amount of	Unpaid Indebtedness	7. Adjusted Basis of Leased Property (Attach Statement)	8. Percentage Col. 6 Is of 0	ol. 7	9. Gross Re (Column 2	x Column 8	Colu	mns 3, 4, and	tions (Total of 5 x Column 8)	-cludible	t Rental Income (or e (Column 9 less Col	ioss) ir lumn 10
<b></b>			-	%								<b>-</b> -
			-	%								
				%						-		
				%						-		
			-	%								
				%						·		
Total	(Enton hero and	on line 9, page 2)	-	%								
Total	(Enter here did			• • • •				· · · · · · · · · · · · · · · · · · ·		<del>'</del>		
		Sch	edule D.—	COM	PENSATIO	ON OF	OFFICE	ERS				
						2 T:	a Danatad ta	Percenta	ge of Organization	on's		
1. Name and Address of Officer		Address of Officer	2		cial Title		e Devoted to Jusiness				6. Amount of Compensation	
						_		4. Comm	on 5. Prefe		<del></del>	
						-		-				
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		***********										
		<b></b>								1		
			,					.		<b>-</b>		
Total	compensation of	officers (Enter here an										<del></del>
		Sche	edule E.—E	BAD	DEBTS. (	See In	struction	15)				
	Amount of Notes and Accounts Receivable Outstanding at—					6. Bad Debts of		of Organiza-	If Organization		Carries a Reserve	
1. Taxable Year	0.0		Income Reporte	d 5	. Sáles on Acco	unt tio	n if No Reser on Bo	rve Is Carried oks	7. Gross Amo	unt Added	8. Amount Cha	rged
	2. Beginning of Year	3. End of Year			· · · · · · · · · · · · · · · · · · ·				to Rese	erve	Against Rese	rve
958												<u>-</u>
959											-	
960 961												
901												
		Schedule F.—I	NTEREST	ON	INDEBTE	DNESS	. (See I	nstructio	n 16)			
			Expla	nation							Amount	
												: <del>-</del> -
						<b>-</b>					-	
		·										

Total (Enter here and on line 16, page 2).....

	Schedule (	3.—TAXES. (	See Instruction	17)	د	Page
y	Ex	planation				Amount
					1	
					1	
	-				1	
	•				1	
-					1	
Total (Enter here and on line 17, page						
			IFTS PAID. (S			
	H.—CONTRIBE	TIONS OR G			1 10)	
Name of organization			^ Address of or	ganization		Amount
*		·				
<del></del>			<b></b>		-	
Total						
Organizatio	ns described u	nder General	Instruction A (	l <b>)</b>		
Contributions carry-over (see Instruction						
. Total contributions (limited to $5\%$ of line	∍ 31, page 2, com	nputed without r	egard to line 18,	page 2). Ente	er here and on	
line 18, page 2					· · · · · · ·  -	
	lescribed under					
Total contributions (not to exceed 20%						
without regard to line 18, page 2).	Enter here and or	n line 18, page 2	<u> </u>			
	Schedule I.—D	<b>EPRECIATIO</b> 1	N. (See Instruc	tion 20)		
1. Kind of property (if buildings, state material of		3. Cost or other	4. Depreciation al-	5. Method of	6. Rate (%)	7. Depreciation
Kind of property (if buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	basis	lowed (or allowable) in prior years	computing depreciation	6. Rate (%) or life (years)	for this year
				,		
	-				.	
	-			····		
	_		.			
Total (Enter here and on line 20, page	2)	· · · · · · · · · · · · · · · · · · ·				
			ONS. (See Ins			
	Ex	planation				Amount
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·						
			<del></del>		-	
Total (Enter here and on line 25, page	2)		· · · · · · · · · · · · · · · · · · ·	,		